FORM	4

(Print or Ta

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b)

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#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

See See See Company Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person – SULLIVAN GREGORY M	2. Issuer Name <b>and</b> Ticker or Trading Symbol Tonix Pharmaceuticals Holding Corp. [TNXP]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) C/O TONIX PHARMACEUTICALS CORP., 509 MADISON AVENUE, S	HOLDING	3. Date of Earliest Transaction (Month/Day/Year) 02/13/2018						X Officer (give title below) Other (specify below) Chief Medical Officer			
(Street) NEW YORK, NY 10022	2	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if	Code (Instr. 8)	Code (A) or Disposed of (D)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect	Beneficial Ownership			
			Code	v	Amount	(A) or (D)	Price		(I) (Instr. 4)		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numb	er	6. Date Exercisa	ble and	7. Title and	l	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	of		Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)		Code		Derivati	ve	(Month/Day/Year)		Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)					Securities (Instr. 5)		Beneficially	Derivative	Ownership		
	Derivative					Acquire	đ			(Instr. 3 and 4)				2	(Instr. 4)
	Security					(A) or							0	Direct (D)	
						Dispose	d of						1	or Indirect	
						(D) (Lusta 2	4						Transaction(s)	· · /	
						(Instr. 3, and 5)	4,						(Instr. 4)	(Instr. 4)	
						anu 5)	1								
											Amount				
								Date	Expiration	Title	or				
								Exercisable	Date		Number of				
				Code	v	(A)	(D)				Shares				
Stock										Common					
Option	\$ 3.4	02/13/2018		А		58,726		02/13/2019 <mark>(1)</mark>		Stock			58,726	D	
Stock Option	\$ 4.25	02/13/2018		А		58,725		02/13/2019 <mark>(1)</mark>	02/12/2028	Common Stock	58,725	\$ 0 <u>(2)</u>	58,725	D	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
SULLIVAN GREGORY M C/O TONIX PHARMACEUTICALS HOLDING CORP. 509 MADISON AVENUE, SUITE 306 NEW YORK, NY 10022			Chief Medical Officer				

### **Signatures**

/s/ Gregory Sullivan	02/15/2018
**Signature of Reporting Person	Date

# **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) The option vests 1/3rd on the first anniversary of issuance and 1/36th each month thereafter for 24 months.

(2) The option was granted pursuant to the Issuer's 2017 Stock Incentive Plan.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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